

Model Report must be submitted no later than May 15, 2008

## **At-Store Recycling Program Operator Certification And Designation Model Report**

**Designated Compliance Period:** 07/01/07 thru 12/31/07

Incomplete or inaccurate certifications could subject the Operator to penalties of up to \$500 for the first violation pursuant to the Public Resources Code Section 42255. For more information on the At-Store Recycling Program law, please refer to [www.ciwmb.ca.gov/Rulemaking/PlasticBags/](http://www.ciwmb.ca.gov/Rulemaking/PlasticBags/)

Name of Operator: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

e-mail address (optional) \_\_\_\_\_

1. Is a Designated Reporting Party submitting a Plastic Carryout Bag Purchase Data Sheet (Sheet A) on your behalf?

Yes ☐ No ☐

[If yes, attach a list of all Designated Reporting Parties submitting a Plastic Carryout Bag Purchase Data Sheet on your behalf.]

2. Is a Designated Reporting Party submitting a Plastic Carryout Bag or Film Recycling Data Sheet (Sheet B) on your behalf?

Yes ☐ No ☐

[If yes, attach a list of all Designated Reporting Parties submitting a Plastic Carryout Bag/Film Recycling Data Sheet on your behalf.]

### **Certification by Operator**

*Only a corporate officer or manager authorized to make management decisions, which govern the operation of this reporting entity, is authorized to sign this form. If the reporting entity is a partnership or sole proprietorship only the general partner or proprietor may sign this form.*

**I certify under penalty of perjury under the laws of California that the information and data contained herein is true and correct.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Typed or Printed Name of Person Signing

\_\_\_\_\_  
Title

**Instructions for Completing Operator Certification and Designation Form**

**Operator Certification and Designation Form**

Name of Operator: Provide the complete legal name of the operator. The common name of the store (e.g. a “dba”) may be provided as additional information.

Mailing Address: Enter the mailing address of the company headquarters. This address may be different from the address of the listed contact person.

Contact Name, Phone Number, E-mail: Enter the name of the person who can answer questions regarding the submittal, this does not have to be the same person that signs the Certification Form.

Designated Reporting Party or Parties: (1) If one or more Designated Report Parties will be completing or submitting a Plastic Carryout Bag Purchase Data Sheet (Sheet A) on your behalf, please check the “Yes” box and attach a listing of the Designated Reporting Party(ies). (2) If one or more Designated Report Parties will be completing or submitting a Plastic Carryout Bag/Film Recycling Data Sheet (Sheet B) on your behalf, please check the “Yes” box and attach a listing of the Designated Reporting Party(ies).